

Executive Administrator Report

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December 2021

NCSBN Upcoming Meetings:

- 2022 Midyear Meeting is March 15 – 17, 2022 in St. Louis, MO
- NCSBN Basic Board of Nursing Investigator Training is March 29–31, 2022 in Rosemont, IL
- 2022 NCSBN APRN Roundtable is April 12, 2022, in Rosemont, IL
- 2022 NCSBN IT/Operations Conference is May 5-6, 2022, in St. Petersburg, FL
- 2022 NCSBN Discipline Case Management Conference is May 23–25, 2022 in Milwaukee, WI
- 2022 NCSBN Annual Meeting is August 17-19, 2022, in Chicago, IL
- 2022 NCLEX Conference is September 22, 2022, in virtual format

COVID-19 Agency Response:

- 70% of our employees have been teleworking effectively since April 2020
- Changes we have made within the agency for safety include:
 - Video intercom installed at agency front door to gain access to the agency for non-employees
 - We are highly recommending the public conduct their business with us via online services, mail, phone call or email
 - If customers need to talk with someone, it is highly recommended they make an appointment so we can service them when they arrive. One person per appointment and no children or other adults are permitted
 - Telephone appointments are also available
 - We NO longer perform fingerprinting services in the agency
- I continue to be proud of the agency staff for their flexibility in these challenging times and their commitment to the mission of the Board
- COVID-19 vaccination and boosters have been made available for our staff if they choose
- I gave the agency staff three options:
 - Traditional: 5 eight-hour days, all in-person in the agency (no teleworking option). This will be required for some positions in the agency that require the position to work in the agency. This will be required for all new employees while on their probationary period.
 - Hybrid: 5 eight-hour days. The employee must work in-person in the agency a minimum of 8 hours a week and can telework the rest of the week. The majority of staff eligible have chosen this option.
 - Flex schedule: 4 ten-hour days. The employee must work in-person in the agency (no teleworking option).

- On July 29, 2021, the Executive Branch Agency Leadership were directed to continue with remote working because of the increase of the Delta variant, as long as remote work fits the needs of the agency, position functionality and the employee's effectiveness and interest. On October 28, 2021, the agencies were direction to continue with the remote working to keep as many staff out of the agencies as possible until January 1, 2022. It will be re-evaluated around that time.
- Virtual meeting tools should continue to be used whenever possible to limit in-person meetings

Nurse Licensure Compact (NLC) Updates:

- As of July 1, 2021, there are now 38 states and one territory (Guam) that have enacted the NLC
- A map is included with this report

Budget:

- Appropriated amounts requested were granted by the Legislature:
 - FY 22: \$3,037,107
 - FY 23: \$2,882,559
- Includes funding in FY 22 for the Enforcement Module and software and hardware updates for the data center
- Division of the Budget concurred with the FY 22 & 23 submitted budget
 - Includes an enhancement package for \$116,407 for an update to our licensing software
 - Legislative Research is working on the budget prior to submitting recommendations to the Governor

Special Legislative Session:

- Held on November 22, 2021
- Passed HB 2001: an act concerning employer COVID-19 vaccine requirements; requiring exemptions; providing for waiver requests; authorizing a complaint and investigation process with the secretary of labor for violations related to exemptions and civil penalties by the attorney general for such violations; relating to employment security law; providing exceptions to benefit eligibility conditions and disqualification conditions based on refusal to comply with COVID-19 vaccine requirements; retroactive provision of benefits when denied on the basis of discharge or suspension for misconduct as the result of refusal to comply with COVID-19 vaccine requirements.

Regulation Revisions:

- Undergraduate nursing program regulations update
- CNE regulations revision update
- Temporary and Permanent regulation proposed changes due to HB 2006

Meetings Attended:

- NCSBN Executive Officer Leadership Council on October 26, 2021
- System Automation Conference on October 27, 2021
- 2021 Governor's Cybersecurity Summit October 29, 2021
- NCA Leadership Meeting on November 4, 2021
- ITAB meeting on November 16, 2021

Strategic Plan:

- The current strategic plan is from July 2019 through June 2022
- The Board determines the priorities, actions, and metrics for the July 2022 through June 2025
- Strategic Retreat is scheduled for February 22 & 23, 2022, in Wichita

NCSBN Policy Statement, Joint Statement and Policy Brief (attached):

- Policy Brief: Clinical Experiences for Unvaccinated Nursing Students
- Policy Statement: Dissemination of Non-scientific and Misleading COVID-19 Information by Nurses
- Joint Statement in Support of COVID-19 Vaccine Mandates for All Workers in Health and Long-term Care

Updates:

- Board member terms:
 - Patricia Zeller, 07-01-2018 to 06-30-2022 (second term)
 - Julianna Rieschick, 07-01-2021 to 06-30-2025 (second term)
 - Rebecca Sander, 07-01-2016 to 06-30-2024 (second term)
 - Gwendolyn Loyd, 07-01-2019 to 06-30-2023 (first term)
 - Gita Noble, 07-01-2018 to 06-30-2022 (first term)
 - Jade Ramsdell, 07-01-2019 to 06-30-2023 (first term)
 - Andrea Watson, 7-1-2020 to 6-30-2024 (first term)
 - Adri Gouldsmith, 7-1-2019 to 6-30-2023 (first term)
 - Giovannie Gone, 7-1-2020 to 6-30-2024 (first term)
 - Lori Owens 7-1/2021 – 6/30/2025 (First term – new LPN board member)
 - Melissa Oropeza 7/1/2021 – 6/30/2025 (First term – new APRN board member)
- Board Member committee assignments: The present committee assignments are for December 2021 through September 2022.
- Agency vacancies (strategic plan, priority 2): RN Investigators, Senior Administrative Assistants for Operations/e-Gov and Administration (Document Imager)
- Monitor fiscal impact of NLC implementation (strategic plan, priority 2): Continue to monitor monthly agency financial reports. Agency fee fund is stable since implementation of NLC on 7/1/19.
- Streamlining agency processes: Every division is continuing to streamline their processes as much as possible, which makes teleworking more productive when the information is electronic.

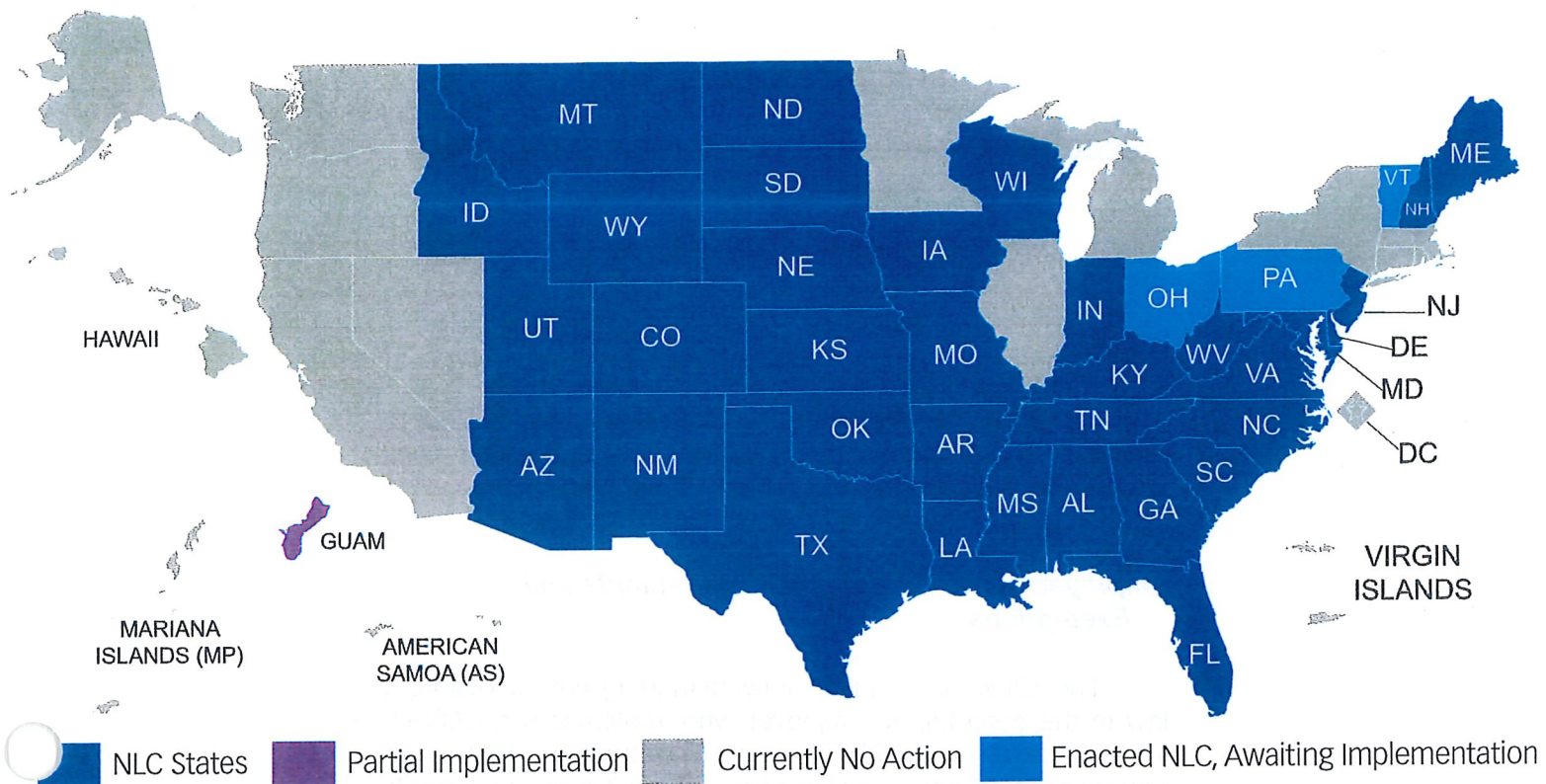
Projects/Collaboration:

- FY 2021 Annual Report draft (on-site packet)
- Worked on getting several regulation revisions through the state process



NLC States

38 states have enacted the NLC



Pending NLC States

Guam (35): Pending implementation in 2022, tentatively. Nurses holding a multistate license in other NLC states may practice in Guam. Guam residents cannot obtain a multistate license until implementation is complete.

Vermont (36): Pending implementation on Feb. 1, 2022. Vermont residents will be able to apply for a multistate license as of that date. Nurses in other NLC states with a multistate license may not practice in Vermont until implementation is complete.

Pennsylvania (37): NLC enacted July 1, 2021. Implementation date is TBD. Criminal background checks must also be implemented. PA residents cannot obtain a multistate license until implementation is completed. Nurses in other NLC states with a multistate license may not practice in PA until implementation is complete.

Ohio (38): NLC enacted July 1, 2021. The implementation date is Jan. 1, 2023. Ohio residents cannot obtain a multistate license until implementation is completed. Nurses in other NLC states with a multistate license may not practice in Ohio until implementation is complete.

SPECIAL SESSION OF 2021

**SECOND CONFERENCE COMMITTEE REPORT BRIEF
HOUSE BILL NO. 2001**

As Agreed to November 22, 2021

Brief*

HB 2001, as amended, would create law related to employer COVID-19 vaccine requirements and exemptions and related eligibility for unemployment benefits.

***Employer COVID-19 Vaccine Requirements and
Exemptions***

The bill would require, notwithstanding any provision of law to the contrary, an employer who implements a COVID-19 vaccine requirement to exempt an employee from such requirement, without punitive action, if the employee submits a written waiver request to the employer stating that complying with the requirement would:

- Endanger the life or health of the employee or an individual residing with the employee, as evidenced by an accompanying written statement signed by a physician or another person who performs acts pursuant to practice agreements, protocols, or at the order, direction, or delegation of a physician; or
- Violate sincerely held religious beliefs of the employee, as evidenced by an accompanying written statement signed by the employee.

*Conference committee report briefs are prepared by the Legislative Research Department and do not express legislative intent. No summary is prepared when the report is an agreement to disagree. Conference committee report briefs may be accessed on the Internet at <http://www.kslegislature.org/kldr>

The bill would require an employer to grant an exemption requested in accordance with the bill based on sincerely held religious beliefs without inquiring as to the sincerity of the request.

The bill would provide that an employee aggrieved by a violation of the bill's provisions could file a complaint with the Secretary of Labor (Secretary) alleging that an employer failed to offer an exemption, improperly denied an exemption request, took punitive action against the employee, or committed any other violation of this section. The bill would require the Secretary to promptly commence an investigation of each complaint filed under these provisions, to determine, at a minimum, whether:

- The employer imposed a COVID-19 vaccine requirement;
- The employee submitted a written waiver request in accordance with the bill's provisions; and
- The employer committed any violation of this section.

The bill would require the Secretary to complete such investigation and issue a final order within 60 calendar days after the filing of the complaint. The bill would require the order to contain findings and conclusions as to whether the employer violated the bill's provisions and require the Secretary to provide the order to the employee and the employer. The order would be a final order for purposes of judicial review and would be required to state the right of the employee or employer to appeal as provided in the Kansas Judicial Review Act.

If the Secretary issues a final order finding that an employer violated the bill's provisions, the bill would require the Secretary to issue an order containing such findings and provide such order to the employee, the employer, and the Attorney General.

The bill would require the Attorney General, upon receipt of such order from the Secretary, to secure enforcement of such order by filing an action in an appropriate district court to impose civil penalties. Such civil action would not be filed against an employer if the employer reinstates a terminated employee with back pay to the date that the complaint was received by the Secretary.

In such action, the court could impose a civil penalty not to exceed \$10,000 per violation for an employer with fewer than 100 employees, or \$50,000 per violation for an employer with 100 or more employees.

In determining the amount of a civil penalty for a violation, the bill would permit the court to consider:

- Whether the employer knowingly and willfully violated the bill's provisions;
- Whether the employer has shown good faith in attempting to comply with the bill's provisions;
- Whether the employer has taken action to correct the violation;
- Whether the employer has been previously assessed a civil penalty for violating the bill's provisions; and
- Any other mitigating or aggravating factor that fairness or due process requires.

The bill would require all civil penalties assessed and collected under the bill's provisions to be remitted to the State Treasurer for deposit in the State Treasury to the credit of the Employment Security Fund.

For purposes of this section, the bill would define "COVID-19 vaccine," "COVID-19 vaccine requirement,"

"employee," "employer," "person," "physician," "punitive action," and "religious beliefs."

Eligibility for Unemployment Benefits

The bill would provide that an individual aggrieved by a violation of the bill's provisions who has filed a claim for benefits under the Employment Security Law and who is otherwise eligible for benefits under the Employment Security Law would not become ineligible for benefits or be disqualified from receiving benefits on the grounds that the claimant:

- Was discharged or suspended for misconduct, if the employer's conduct in discharging or suspending such claimant was a violation of the bill's provisions; or
- Has declined to accept work that requires compliance with a COVID-19 vaccine requirement, if the claimant has requested an exemption from the prospective employer in accordance with the bill's provisions, and such request was denied. In such case, such work for the claimant would be deemed not to constitute suitable work for purposes of the Employment Security Law.

The bill would require that, upon request by a claimant, the claimant be retroactively paid benefits for any week the claimant would otherwise have been eligible for such benefits, if the claimant was disqualified from receiving such benefits during the period of September 9, 2021, through the effective date of the bill, on the grounds that the claimant was discharged or suspended for misconduct as the result of the claimant's refusal to comply with a COVID-19 vaccine requirement after the claimant requested an exemption or accommodation from such requirement provided by state or federal law and such request was denied.

The bill would require the Secretary to independently review any claims denied during the same period because the claimant was disqualified on the same grounds under the same circumstances, and, if the claimant has not requested retroactive payment of such benefits, the Secretary would be required to retroactively pay benefits to such claimant for any week the claimant would otherwise have been eligible for such benefits. The Secretary would be required to develop and implement procedures to enable claimants to retroactively substantiate and file claims under these provisions, and the claimant or the employer would be allowed to appeal an award or denial of benefits made pursuant to these provisions.

Benefits awarded to a claimant who received back pay pursuant to the bill's provisions would be subject to the repayment or benefit offset and other related provisions, if applicable.

For purposes of this section, the bill would define "COVID-19 vaccine requirement."

Severability Clause

The bill would provide, if any of the provisions regarding employer COVID-19 vaccine requirements and exemptions are held to be unconstitutional by a court of competent jurisdiction, then upon final order by the court, the Attorney General would be required to certify to the Secretary of State that such holding has occurred, and the Secretary of State would then be required to publish notice of such certification in the *Kansas Register*. Upon such publication, the provisions regarding eligibility for unemployment benefits would be repealed.

The bill would provide, if any of the provisions regarding unemployment benefits are held to be unconstitutional by a court of competent jurisdiction, these provisions would be

severable, and such holding would not affect the validity of the provisions regarding employer COVID-19 vaccine requirements and exemptions.

Effective Date

The bill would be in effect upon publication in the *Kansas Register*.

Conference Committee Action

The second Conference Committee agreed to the House version of the bill, modified to:

- Add the Senate provisions regarding unemployment insurance eligibility;
- Require the Secretary to complete the investigation and issue a final order within 60 calendar days rather than 25 days;
- Remove the sunset date;
- Add a severability clause; and
- Direct the proceeds from the civil penalties to the Employment Security Fund, rather than the State General Fund.

Background

On September 9, 2021, President Biden announced four federal actions regarding COVID-19 mandates:

- Issuance of Executive Order 14042, requiring COVID-19 vaccination for employees of contractors of federal executive departments and agencies (contractor mandate);

- Issuance of Executive Order 14043, ordering each federal executive branch agency to implement COVID-19 vaccination requirements for all federal employees (federal employee mandate);
- Development of an emergency standard by the U.S. Department of Labor's Occupational Safety and Health Administration (OSHA) requiring employers with 100 or more employees to mandate each employee be vaccinated or submit to weekly testing (OSHA mandate); and
- Expansion of a prior COVID-19 vaccination requirement by the U.S. Centers for Medicare and Medicaid Services (CMS) to require such vaccination of workers in most health care settings receiving Medicare or Medicaid reimbursement (CMS mandate).

Subsequent to the announcement and pursuant to KSA 46-1205, the Legislative Coordinating Council (LCC) appointed 11 members of the Legislature to serve as members of the Special Committee on Government Overreach and the Impact of COVID-19 Mandates (Committee). The LCC directed the Committee to review and examine federal mandates including, but not limited to, employer, federal contractor, and health care worker vaccine mandates; masking; and mandates requiring proof of vaccination status; and to provide recommendations for responses to the mandates. The LCC granted the Committee five days to complete this task.

The Committee met four times, on October 29 and 30 and November 9 and 12, 2021. The Committee received overviews of the federal vaccine mandates and related federal actions from staff and heard public comment on the federal vaccine mandates and testimony regarding possible state responses from various attorneys, representatives of associations and organizations, and private citizens.

On November 12, 2021, the Committee held informational hearings on two bill drafts that contained provisions regarding exemptions from employer vaccine requirements and unemployment benefits eligibility. Provisions in the draft bills are similar to some provisions contained in HB 2001. The Committee recommended the Legislature call a Special Session by petition for consideration of the bill drafts.

Further information regarding the Committee's activities and the informational hearings on the bill drafts may be found in the Committee's Preliminary Report: http://www.kslegislature.org/li_2021s/documents/Preliminary_Report_--_2021_Sp_Comm_on_Gov_Overreach_and_the_Impact_of_COVID-19_Mandates.pdf.

Background of HB 2001

HB 2001 was introduced by Representatives Barker, Landwehr, Owens, and Tarwater. As introduced, the bill contained provisions regarding exemptions from employer vaccine requirements. [Note: The Senate version contained similar provisions regarding exemptions from employer vaccine requirements. Differences in the versions included procedural differences and House-only provisions regarding district court involvement in enforcement actions, a 25-day time limit for the Secretary's investigation, and an expiration date of June 1, 2023.]

On emergency final action, subject to amendment and debate, the House amended the bill to reduce the number of days, from 100 to 25, the Secretary has to complete an investigation and issue an order. [Note: The Senate version did not include a time limitation on the Secretary's investigation, but the Conference Committee restored the time limitation and modified it to 60 calendar days.]

On final action, subject to amendment, debate, and roll call, the Senate adopted amendments:

- Replacing the House language with the language of SB 1, as introduced, containing provisions regarding exemptions from employer vaccine requirements and unemployment benefits eligibility. [Note: The Conference Committee restored the House version of the provisions regarding exemptions from employer vaccine requirements, with further modifications, and retained the Senate language regarding unemployment benefits eligibility.];
- Prohibiting employer COVID-19 vaccine requirements unless authorized by an act of the Legislature. [Note: This amendment was not retained by the Conference Committee.]; and
- Prohibiting discrimination by an employer against an employee on the basis of COVID-19 vaccination status. [Note: This amendment was not retained by the Conference Committee.]

Background of SB 1

SB 1 was introduced by Senators Masterson, Alley, and Wilborn.

Fiscal Information

No fiscal note was available on HB 2001 or SB 1 at the time the House and Senate took action.

COVID-19 vaccines; Exemptions; Violations; Secretary of Labor; Attorney General; Employment Security Law; Eligibility

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Policy Brief: Clinical Experiences for Unvaccinated Nursing Students

Purpose

To provide guidance to boards of nursing and nursing education programs that are receiving requests from students for alternate clinical experiences when the program's clinical sites require the COVID-19 vaccine.

Context

Currently, nursing programs are receiving requests from unvaccinated students to provide alternate experiences when the designated clinical facility mandates the COVID-19 vaccine. These requests range from using 100% simulation as a substitute for the clinical experience to the program finding other types of activities and case studies/scenarios.

Much of the fear and concern over receiving the vaccine is based on misinformation and lack of knowledge about the vaccine and its development (U.S. Department of Health and Human Services, 2021). According to one study, as of August 2021, 92% of nursing faculty were vaccinated or planned to be vaccinated and 86% of currently enrolled students have been vaccinated (National Student Nurses Association, 2021). Thus, it is a small number of students who are vaccine-hesitant and affected by vaccine mandates. This policy addresses these students.

Clinical experiences are integral to nursing education. NCSBN's National Simulation Study (Hayden et al., 2014) demonstrated that up to 50% of clinical experience can be substituted with simulation. According to the American Association of Colleges of Nursing (AACN) *The Essentials: Core Competencies for Professional Nursing Education* (2021), "Simulation experiences represent an important component of clinical education... However, care experiences with actual individuals or groups continue to be the most important component of clinical education...Simulation cannot substitute for all direct care practice experiences in any one sphere or for any one age group." (page 21)

As of Aug. 23, 2021, the Pfizer vaccine has received full Food and Drug Administration approval. The vaccine protects health care professionals and students as well as patients. In fact, millions of people in the U.S. have received COVID-19 vaccines. All three of the vaccines available in the U.S. have undergone the most rigorous safety monitoring in U.S. history (Centers for Disease Control and Prevention, 2021).

The COVID-19 vaccine's authorization is based on scientific evidence (Food and Drug Administration, 2021). Identifying, assessing, and integrating reliable evidence into one's practice has been and continues to be an expectation for the preparation of professional nurses (AACN, 2021, 2008).

Unvaccinated individuals are at risk for contracting COVID-19, thereby increasing the chances for more variants to emerge and, more importantly, putting vulnerable individuals at risk; especially hospitalized patients, nursing home residents, health care professionals and peers who may be immunocompromised. (Plater, 2021).

Recommendations

- Students should be vaccinated when clinical facilities require it so that they can participate in the clinical experience and progress in their programs.
- Nursing education programs should reach out to students who are vaccine-hesitant and counsel the students about the benefit of the vaccine and the need for it as a student enrolled in a nursing program, and address myths and misleading information about the vaccine.
- Course descriptions should include that a clinical component is required.
- Nursing education programs are mandated by boards of nursing as well as accreditors to provide students with clinical experiences. They are not obligated to provide substitute or alternate clinical experiences based on a student's request or vaccine preference.

- Just as the nursing education program and/or clinical facilities require other vaccines, the facilities have the option to mandate the COVID-19 vaccine.
- Boards of nursing have no obligation to waive their current rules/regulations about clinical experiences for unvaccinated students.
- Transparency is essential. Even if mandated by the academic institution, students can refuse the vaccine. Therefore, if the student refuses to be vaccinated and is not entitled to a reasonable accommodation under the disability laws* or is not entitled to a reasonable accommodation for a sincerely held religious belief* then, the student (a) may be disenrolled from the institution/nursing program or (b) may not be able to fulfill the clinical requirements of the program, resulting in them not graduating.
- Accommodations made for students under the disability laws or for a sincerely held religious belief should be decided on a case by case basis.

* In providing an academic adjustment to students with disabilities, post-secondary schools are not required to lower or substantially modify essential requirements. (U.S. Department of Education, 2011)

References

- American Association of Colleges of Nursing (AACN). (2021). The Essentials: core competencies for professional nursing education. Retrieved from <https://www.aacnnursing.org/Portals/42/AcademicNursing/pdf/Essentials-2021.pdf>
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- United States Department of Health and Human Services. (2021). Addressing COVID-19 vaccine misconceptions. Retrieved from <https://wecandothis.hhs.gov/outreach-tools/addressing-covid-19-vaccine-misconceptions>

Endorsements

National Council of State Boards of Nursing (NCSBN)

Accreditation Commission for Education in Nursing (ACEN)

American Association of Colleges of Nursing (AACN)

American Nurses Association (ANA)

American Organization for Nursing Leadership (AONL)

National League for Nursing (NLN)

NLN Commission for Nursing Education Accreditation (CNEA)

National Student Nurses' Association (NSNA)

Organization for Associate Degree Nursing (OADN)

Nov. 16, 2021

Policy Statement: Dissemination of Non-scientific and Misleading COVID-19 Information by Nurses

Purpose

To address the misinformation being disseminated about COVID-19 by nurses.

For the purposes of this statement, misinformation is defined as distorted facts, inaccurate or misleading information not grounded in the peer-reviewed scientific literature and counter to information being disseminated by the Centers for Disease Control and Prevention (CDC) and the Food and Drug Administration (FDA).

Statement

Nurses are expected to be “prepared to practice from an evidence base; promote safe, quality patient care; use clinical/critical reasoning to address simple to complex situations; assume accountability for one’s own and delegated nursing care” (AACN, 2021).

SARS-CoV-2 is a potentially deadly virus. Providing misinformation to the public regarding masking, vaccines, medications and/or COVID-19 threatens public health. Misinformation, which is not grounded in science and is not supported by the CDC and FDA, can lead to illness, possibly death, and may prolong the pandemic. It is an expectation of the U.S. boards of nursing, the profession, and the public that nurses uphold the truth, the principles of the *Code of Ethics for Nurses* (ANA, 2015) and highest scientific standards when disseminating information about COVID-19 or any other health-related condition or situation.

When identifying themselves by their profession, nurses are professionally accountable for the information they provide to the public. Any nurse who violates their state nurse practice act or threatens the health and safety of the public through the dissemination of misleading or incorrect information pertaining to COVID-19, vaccines and associated treatment through verbal or written methods including social media may be disciplined by their board of nursing. Nurses are urged to recognize that dissemination of misinformation not only jeopardizes the health and well-being of the public, but may place their license and career in jeopardy as well.

References

- American Association of Colleges of Nursing (AACN). (2021). The Essentials: core competencies for professional nursing education. Retrieved from <https://www.aacnnursing.org/Portals/42/AcademicNursing/pdf/Essentials-2021.pdf>
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Endorsements

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| National Council of State Boards of Nursing (NCSBN) | National League for Nursing (NLN) |
| Accreditation Commission for Education in Nursing (ACEN) | NLN Commission for Nursing Education Accreditation (CNEA) |
| American Association of Colleges of Nursing (AACN) | National Student Nurses' Association (NSNA) |
| American Nurses Association (ANA) | Organization for Associate Degree Nursing (OADN) |
| American Organization for Nursing Leadership (AONL) | |

Joint Statement in Support of COVID-19 Vaccine Mandates for All Workers in Health and Long-term Care

Due to the recent COVID-19 surge and the availability of safe and effective vaccines, our health care organizations and societies advocate that all health care and long-term care employers require their workers to receive the COVID-19 vaccine. This is the logical fulfillment of the ethical commitment of all health care workers to put patients as well as residents of long-term care facilities first and take all steps necessary to ensure their health and well-being.

Because of highly contagious variants, including the Delta variant, and significant numbers of unvaccinated people, COVID-19 cases, hospitalizations and deaths are once again rising throughout the United States.¹ Vaccination is the primary way to put the pandemic behind us and avoid the return of stringent public health measures.

Unfortunately, many health care and long-term care personnel remain unvaccinated. As we move towards full FDA approval of the currently available vaccines, all health care workers should get vaccinated for their own health, and to protect their colleagues, families, residents of long-term care facilities and patients. This is especially necessary to protect those who are vulnerable, including unvaccinated children and the immunocompromised. Indeed, this is why many health care and longterm care organizations already require vaccinations for influenza, hepatitis B and pertussis.

We call for all health care and long-term care employers to require their employees to be vaccinated against COVID-19.

We stand with the growing number of experts and institutions that support the requirement for universal vaccination of health workers.^{2,3} While we recognize some workers cannot be vaccinated because of identified medical reasons and should be exempted from a mandate, they constitute a small minority of all workers. Employers should consider any applicable state laws on a case-by-case basis.

Existing COVID-19 vaccine mandates have proven effective.^{4,5} Simultaneously, we recognize the historical mistrust of health care institutions, including among many in our own health care workforce. We must continue to address workers' concerns, engage with marginalized populations, and work with trusted messengers to improve vaccine acceptance.

As the health care community leads the way in requiring vaccines for our employees, we hope all other employers across the country will follow our lead and implement effective policies to encourage vaccination. The health and safety of U.S. workers, families, communities, and the nation depends on it.

Signatories: (Listed Alphabetically)

Academy of Managed Care Pharmacy (AMCP)	Association for Professionals in Infection Control and Epidemiology (APIC)
American Academy of Ambulatory Care Nursing (AAACN)	Association of Academic Health Centers (AAHC)
American Academy of Child and Adolescent Psychiatry (AACAP)	Association of American Medical Colleges (AAMC)
American Academy of Family Physicians (AAFP)	Association of Rehabilitation Nurses (ARN)
American Academy of Nursing (AAN)	Council of Medical Specialty Societies (CMSS)
American Academy of Ophthalmology (AAO)	HIV Medicine Association
American Academy of PAs (AAPA)	Infectious Diseases Society of America (IDSA)
American Academy of Pediatrics (AAP)	LeadingAge
American Association of Allergy, Asthma & Immunology (AAAAI)	National Association of Indian Nurses of America (NAINA)
American Association of Clinical Endocrinology (AACE)	National Association of Pediatric Nurse Practitioners (NAPNAP)
American Association of Colleges of Pharmacy (AACP)	National Council of State Boards of Nursing (NCSBN)
American Association of Neuroscience Nurses (AANN)	National Hispanic Medical Association (NHMA)
American College of Clinical Pharmacy (ACCP)	National League for Nursing (NLN)
American College of Physicians (ACP)	National Medical Association (NMA)
American College of Preventive Medicine (ACPM)	National Pharmaceutical Association (NPhA)
American College of Surgeons (ACS)	Nurses Who Vaccinate (NWV)
American Epilepsy Society (AES)	Organization for Associate Degree Nursing (OADN)
American Medical Association (AMA)	Pediatric Infectious Diseases Society (PIDS)
American Nurses Association (ANA)	Philippine Nurses Association of America, Inc (PNAA)
American Pharmacists Association (APhA)	Society of Gynecologic Oncology (SGO)
American Psychiatric Association (APA)	Society for Healthcare Epidemiology of America (SHEA)
American Public Health Association (APHA)	Society of Hospital Medicine (SHM)
American Society for Clinical Pathology (ASCP)	Society of Infectious Diseases Pharmacists (SIDP)
American Society for Radiation Oncology (ASTRO)	Society of Interventional Radiology (SIR)
American Society of Health-System Pharmacists (ASHP)	Texas Nurses Association (TNA)
American Society of Hematology (ASH)	The John A. Hartford Foundation
American Society of Nephrology (ASN)	Transcultural Nursing Society (TCNS)
American Thoracic Society (ATS)	Virgin Islands State Nurses Association (VISNA)
Association for Clinical Oncology (ASCO)	Wound, Ostomy, and Continence Nurses Society (WOCN)

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